

SECTION A County/Provider Information

1. Date:		6. Provider Address:		10. Type of Contract:	<input type="checkbox"/> In-County Contract
2. County Name:		City/State/Zip:			<input type="checkbox"/> County Operated
3. Provider Name:		7. Telephone No.:	()		<input type="checkbox"/> Out-of-County Contract
4. Provider ID No.:		8. Fax No.:	()	11. Reporting Period:	
5. Contact Person:		9. E-mail Address:		<input type="checkbox"/> 1 st Quarter	<input type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter

SECTION B Program Information

1. Program Status Please check the appropriate box. ☐ New Program - Start Date ____/____/____ ☐ Existing Program

2. Program Description Please provide a description of the program that details the primary prevention services being delivered.

3. Strategic Prevention Framework:

Refer to page 103 of the PADS User's Guide for additional information on the framework. Please check all boxes that apply.

	Yes	No
(1) <u>Assessment</u> : Is this program in the process of or has this program assessed population needs, resources, and readiness to address needs and gaps for prevention services?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Capacity</u> :. Is this program in the process of or has this program mobilized and/or built capacity to address prevention service needs?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>Planning</u> . Is this program in the process of or has this program developed a comprehensive strategic plan for prevention services using evidence-based policies, practices and/or programs?	<input type="checkbox"/>	<input type="checkbox"/>
(4) <u>Implementation</u> : Is this program in the process of or has this program implemented evidence-based prevention policies, practices, and/or programs and infrastructure development activities?	<input type="checkbox"/>	<input type="checkbox"/>
(5) <u>Evaluation</u> : Is this program in the process of or has this program monitored, evaluated, sustained, and improved their prevention services or replaced prevention services that were not successful?	<input type="checkbox"/>	<input type="checkbox"/>

4. Accessibility

Please check all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing

☐ (b) Mobility

☐ (c) Vision

☐ (d) Speech

☐ (e) Mental

☐ (f) Developmental

☐ (g) Other (specify) _____

5. Strategies Delivered

Please check the boxes that coincide with the strategy forms that will be completed.

☐ (1) Information Dissemination (ADP 7235B)

☐ (2) Education (ADP 7235C)

☐ (3) Alternatives (ADP 7235D)

☐ (4) Problem Identification & Referral (ADP 7235E)

☐ (5) Community-Based Process (ADP 7235F)

☐ (6) Environmental (ADP 7235G)

SECTION A Provider/Program Information

1. County Name: _____

2. Provider ID No.: _____

3. Provider Name: _____

4. Contact Person: _____

5. Telephone No.: (____) _____

6. Reporting Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth*

☐ (f) Economically Disadvantaged*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems*

☐ (z) Persons Using Substances*

☐ (aa) Persons With Physical Disabilities*

☐ (bb) Physical/Emotional Abuse Victims*

☐ (cc) Pregnant Women/Teens*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth*

☐ (jj) School Dropouts*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) _____

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multietnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Community/Volunteer Services for Training																									
(b) Friday Night Live (FNL) Club Live/FNL Kids																									
(c) Technical Assistance (TA)																									
(d) Training Services																									
(e) Other (specify) _____																									

C5 Services Not Requiring Demographics

		Frequency
(f)	Assessing Community Needs/Assets	
(g)	Accessing Services/Funding	
(h)	Community Team Activities (Multi-agency coordination/collaboration)	
(i)	Formal Community Teams	
(j)	Systematic Planning Services	

SECTION D Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) _____

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6. Reporting Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

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SECTION C Service Delivered

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(a) Employee Assistance Programs																									
(b) DUI/DWI/MIP Education Programs																									
(c) Mens Alternative to Violence Programs																									
(d) Prevention Assessment and Referral Services																									
(e) Student Assistance Programs																									
(f) Womens Alternative to Violence Programs																									
(g) Other (specify) _____																									

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(a) ATOD-Free Social/ Recreational Events																									
(b) Community Drop-In Centers Operating		N/A																							
(c) Community Drop-In Center Activities																									
(d) Community Service Activities																									
(e) Friday Night Live (FNL) Club Live/FNL Kids																									
(f) Outward Bound																									
(g) Recreational Activities																									
(h) Youth/Adult Leadership Activities (Includes Mentoring)																									
(i) Other (specify) _____																									

SECTION D

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(a) Children of Substance Abusers Groups																									
(b) Classroom Education Services																									
(c) Educational Services for Youth Groups																									
(d) Friday Night Live (FNL)/Club Live/FNL Kids																									
(e) Mentoring																									
(f) Parenting/Family Management Services																									
(g) Peer Leader/Helper Program																									
(h) Preschool ATOD Prevention Programs																									
(i) Small Group Sessions																									
(j) Theatrical Troupes																									
(k) Other (specify) _____																									

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Where Services Occurred

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☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) _____

SECTION A Provider/Program Information

1. County Name: _____

3. Provider Name: _____

5. Telephone No.: (____) _____

2. Provider ID No.: ____ _

4. Contact Person: _____

6. Reporting Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

SECTION B Service Populations

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SECTION C Service Delivered

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(a) Conferences/Fairs																									
(b) Health Fairs/ Promotions																									
(c) Speaking Engagements																									
(d) Other (specify) _____																									

C5 Services Not Requiring Demographics		Frequency			Frequency
(e)	A/V Materials Developed - Original		(o)	Newsletters Disseminated	
(f)	A/V Materials Disseminated		(p)	Printed Materials Developed	
(g)	Brochures/Pamphlets Developed		(q)	Printed Materials Disseminated	
(h)	Brochures/Pamphlets Disseminated		(r)	Public Service Announcements Dev eloped - Original	
(i)	Clearinghouse/Info Resource Centers in Operation		(s)	Public Service Announcements Aired	
(j)	Curricula Developed – Original		(t)	Resource Directories Developed – Original	
(k)	Curricula Disseminated		(u)	Resource Directories Disseminated	
(l)	Media Campaigns Developed		(v)	Telephone Information Service Calls	
(m)	Media Campaigns Conducted		(w)	Web Sites in Operation	
(n)	Newsletters Developed – Original				

SECTION D Where Services Occurred

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6. Reporting Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

SECTION B Target Environments Please check all boxes that apply.

B1 Places:

☐ (a) Alcohol Outlets

☐ (b) AOD Treatment/Recovery

☐ (c) Correctional Facilities

☐ (d) Faith Center

☐ (e) Health Care Facilities

☐ (f) Hotel/Motel

☐ (g) Neighborhoods

☐ (h) Open Space

☐ (i) Public Facilities

☐ (j) Residences

☐ (k) Schools

☐ (l) Shopping/Commercial Area

☐ (m) Vehicles

☐ (n) Workplace

☐ (o) All other places (specify) _____

B2 Events:

☐ (p) Block/Street Parties/Community Events

☐ (q) Conventions and Trade Shows

☐ (r) County Fairs and Other Mass Events

☐ (s) Graduation/Other Institutional Events

☐ (t) National/State Holiday Celebration

☐ (u) Special Events for Affinity Groups

☐ (v) Other (specify) _____

B3 Problems and Environmental Approaches Used Please check all boxes that apply.

Problems	Approaches								Problems	Approaches							
	Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media		Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media
(a) Public Inebriation/Public Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Youth Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Loitering, Littering, Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Illicit Drug Dealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Heavy Drinking or Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Driving Under the Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Workplace/Other Org. Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4 Service Populations

Please check all boxes that apply. Asterisks* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth*

☐ (f) Economically Disadvantaged*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems*

☐ (z) Persons Using Substances*

☐ (aa) Persons With Physical Disabilities*

☐ (bb) Physical/Emotional Abuse Victims*

☐ (cc) Pregnant Women/Teens*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth*

☐ (jj) School Dropouts*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) _____

SECTION C Environmental Services Provided For The Reporting Years

	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(a) Zoning Ordinances for Alcohol Outlets, New			
(b) Zoning Ordinances, Abate Existing Outlets			
(c) Drinking in Public Ordinances Passed/Improved			
(d) One-Day Event Requirements Passed/Improved			
(e) School Policies Passed/Improved (K-12)			
(f) School Policies Passed/Improved (college)			
(g) Workplace Policies (not EAP, programs only)			
(h) State ABC Regulations Passed/Improved			
(i) Other Local Control Powers Passed/Improved			

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	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(j) Social Host Training/Management Programs			
(k) Commercial Host Training/Management Programs			
(l) Holiday Campaigns and Special Events			
(m) Managing Hi-risk Advertising/Billboard Controls			
(n) Facility Design to Prevent AOD Problems			
(o) Improved Enforcement			
(p) Neighborhood Mobilization			
(q) Community Development			
(r) Other (specify)			

INSTRUCTIONS FOR COMPLETING PROGRAM DESCRIPTION - ADP 7235A (Revised 5/05)

GENERAL: Each county will distribute the Prevention Activities Data System (PADS) forms to all providers that receive Substance Abuse Prevention and Treatment (SAPT) funding for primary prevention services. Each county will collect the appropriate forms from their providers and submit the data via the PADS web-based application at the end of each quarterly reporting period.

SECTION A. COUNTY/PROVIDER INFORMATION

1. **Date:** Enter the submission date.
2. **County Name:** Enter the name of the county where the program is located.
3. **Provider Name:** Enter the complete name of the program.
4. **Provider ID Number:** Enter the 6 digit code assigned to this provider, which includes the county code, issued by ADP.
5. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
6. **Provider Address:** Enter the complete mailing address for the provider.
7. **Telephone Number:** Enter the area code and phone number (and extension, if any) of the person named in No. 5.
8. **Fax Number:** Enter the area code and fax number of the person named in No. 5.
9. **E-mail Address:** Enter the e-mail address of the person named in No. 5.
10. **Type of Contract:** Check appropriate box.
11. **Reporting Period:** Check appropriate box.

SECTION B. PROGRAM INFORMATION

1. **Program Status:** Check the appropriate box. If the program is new, provide the start date.
2. **Program Description:** Please provide a description of the program that details the primary prevention services being delivered. Each program must submit a unique description.
3. **Strategic Prevention Framework:** Check all boxes that apply. If "yes," please be prepared to share information, if requested. See page 103 of the PADS User's Guide for additional information.
4. **Accessibility:** Check all boxes that apply to program services accessibility.
5. **Strategies Delivered:** Check the appropriate boxes of the strategies for which you are reporting.

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and the effects on individuals, families and communities. This strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Education: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Alternatives: This strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

Problem Identification and Referral: This strategy aims to classify those individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment for ATOD disorders. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of the services implemented, interagency collaboration, coalition building and networking.

Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy can be divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service- and action-oriented initiatives.

**INSTRUCTIONS FOR COMPLETING
COMMUNITY BASED PROCESS STRATEGY - FORM ADP 7235F (Revised 5/05)**

Community Based Process: This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment for ATOD disorders. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.

SECTION A. PROVIDER/PROGRAM INFORMATION

1. **County Name:** Enter the name of the county where the program is located.
2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
3. **Provider Name:** Enter the complete name of the program.
4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. SERVICE DELIVERED

- C1 **Services Requiring Demographics:** Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column, enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4 enter in the demographic breakdown; the "Totals" for each section should match the "Number Served" in C1. If a service is provided that is not listed, enter that service under the category of "Other" and specify the entry.
- C2 **Race/Ethnicity:** Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the "Total" box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the "Total" box. If an actual count is not possible, please estimate the numbers.
- C4 **Gender:** Enter the total number of participants in each gender category. Enter the total number of persons in the "Total" box. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.
- C5 **Services Not Requiring Demographics:** For each service delivered, enter the number of times the activity took place in the "Frequency" column.

SECTION D. WHERE SERVICES OCCURRED

Check all the appropriate boxes indicating where the services were provided. If a location is not listed, enter that location under the category of "Other" and specify the entry.

**INSTRUCTIONS FOR COMPLETING
PROBLEM IDENTIFICATION AND REFERRAL STRATEGY - FORM ADP 7235E (Revised 5/05)**

Problem Identification and Referral: This strategy aims to classify those individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in the first use of illicit drugs, and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider’s contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of “Other” and specify the entry.

SECTION C. SERVICE DELIVERED

- C1 **Services Requiring Demographics:** Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the “Frequency” column, enter the number of persons served in the “Number Served” column. These entries must be numeric. Enter A or E in the “Actual/Estimated” column. For C2, C3 and C4 enter in the demographic breakdown; the “Totals” for each section should match the “Number Served” in C1. If a service is provided that is not listed, enter that service under the category of “Other” and specify the entry.
- C2 **Race/Ethnicity:** Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the “Total” box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the “Total” box. If an actual count is not possible, please estimate the numbers.
- C4 **Gender:** Enter the total number of participants in each gender category. Enter the total number of persons in the “Total” box. The category of “Other” could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.

SECTION D. WHERE SERVICES OCCURRED

Check all the appropriate boxes indicating where the services were provided. If a location is not listed, enter that location under the category of “Other” and specify the entry.

**INSTRUCTIONS FOR COMPLETING
ALTERNATIVES STRATEGY - FORM ADP 7235D (Revised 5/05)**

Alternatives: This strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would therefore minimize or remove the need to use these substances.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider’s contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of “Other” and specify the entry.

SECTION C. SERVICE DELIVERED

- C1 **Services Requiring Demographics:** Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the “Frequency” column, enter the number of persons served in the “Number Served” column. These entries must be numeric. Enter A or E in the “Actual/Estimated” column. For C2, C3 and C4 enter in the demographic breakdown; the “Totals” for each section should match the “Number Served” in C1. If a service is provided that is not listed, enter that service under the category of “Other” and specify the entry.
- C2 **Race/Ethnicity:** Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the “Total” box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the “Total” box. If an actual count is not possible, please estimate the numbers.
- C4 **Gender:** Enter the total number of participants in each gender category. Enter the total number of persons in the “Total” box. The category of “Other” could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.

SECTION D. WHERE SERVICES OCCURRED

Check all the appropriate boxes indicating where the services were provided. If a location is not listed, enter that location under the category of “Other” and specify the entry.

**INSTRUCTIONS FOR COMPLETING
EDUCATION STRATEGY - FORM ADP 7235C (Revised 5/05)**

Education: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider’s contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of “Other” and specify the entry.

SECTION C. SERVICE DELIVERED

- C1 **Services Requiring Demographics:** Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the “Frequency” column, enter the number of persons served in the “Number Served” column. These entries must be numeric. Enter A or E in the “Actual/Estimated” column. For C2, C3 and C4 enter in the demographic breakdown; the “Totals” for each section should match the “Number Served” in C1. If a service is provided that is not listed, enter that service under the category of “Other” and specify the entry.
- C2 **Race/Ethnicity:** Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the “Total” box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the “Total” box. If an actual count is not possible, please estimate the numbers.
- C4 **Gender:** Enter the total number of participants in each gender category. Enter the total number of persons in the “Total” box. The category of “Other” could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.

SECTION D. WHERE SERVICES OCCURRED

Check all the appropriate boxes indicating where the services were provided. If a location is not listed, enter that location under the category of “Other” and specify the entry.

**INSTRUCTIONS FOR COMPLETING
INFORMATION DISSEMINATION STRATEGY - FORM ADP 7235B (Revised 5/05)**

Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and the effects on individuals, families and communities. This strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
- 3. **Provider Name:** Enter the complete name of the program.
- 4. **Contact Person:** Enter the name of the provider’s contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
- 5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 6. **Reporting Period:** Check the appropriate box.

SECTION B. SERVICE POPULATIONS

Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of “Other” and specify the entry.

SECTION C. SERVICE DELIVERED

- C1 **Services Requiring Demographics:** Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the “Frequency” column, enter the number of persons served in the “Number Served” column. These entries must be numeric. Enter A or E in the “Actual/Estimated” column. For C2, C3 and C4 enter in the demographic breakdown; the “Totals” for each section should match the “Number Served” in C1. If a service is provided that is not listed, enter that service under the category of “Other” and specify the entry.
- C2 **Race/Ethnicity:** Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Enter the total number of persons in the “Total” box. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- C3 **Age:** Enter the total number of participants in each age category. Enter the total number of persons in the “Total” box. If an actual count is not possible, please estimate the numbers.
- C4 **Gender:** Enter the total number of participants in each gender category. Enter the total number of persons in the “Total” box. The category of “Other” could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.
- C5 **Services Not Requiring Demographics:** For each service delivered, enter the number of times the activity took place in the “Frequency” column. For services (k) Clearinghouse/Info Resource Centers in Operation and (w) Web Sites in Operation, note only how many are operating. “Media Campaigns Developed” or “Media Campaigns Conducted” would include structured activities that use print and broadcast media to deliver prevention information or health promotion messages. In contrast to Public Service Announcements (PSAs), broadcasted media campaign messages are usually more than five minutes long. PSAs would include a media message or campaign, usually less than five minutes long that are broadcast at no charge. PSAs are designed to inform and educate audiences, and may include no-charge newspaper advertisements, announcements and press releases.

SECTION D. WHERE SERVICES OCCURRED

Check all the appropriate boxes indicating where the services were provided. If a location is not listed, enter that location under the category of “Other” and specify the entry.

**INSTRUCTIONS FOR COMPLETING
ENVIRONMENTAL STRATEGY - FORM ADP 7235G (Revised 5/05)**

Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy can be divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action oriented initiatives. "Environmental" prevention focuses on local retail, public, and social environments for alcohol/drug availability and use.

SECTION A. PROVIDER/PROGRAM INFORMATION

1. **County Name:** Enter the name of the county where the program is located.
2. **Provider ID No.:** Enter the six-digit code assigned to this provider.
3. **Provider Name:** Enter the complete name of the program.
4. **Contact Person:** Enter the name of the provider's contact person. This individual should possess PADS knowledge and be able to answer questions and clarify data.
5. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
6. **Reporting Period:** Check the appropriate box.

SECTION B. TARGET ENVIRONMENTS

- B1 **Places:** Check all the boxes that apply to the appropriate place that was targeted. The target environment is a place(s) that has been identified as a significant source of ATOD problems in the community. *Places* are facilities such as individual buildings, classes of buildings, and particular land-use such as a park in which ATOD problems occur over time. Examples are "Joe's Bar on Main Street," "all off-sale alcohol outlets," and "City Parking Lot No.5."
- B2 **Events:** Check all the boxes that apply to the appropriate event that was targeted. The target environment is an event(s) that has been identified as a significant source of ATOD problems in the community. *Events* are short-term occasions at which alcoholic beverages are sold or served at the site of the event. Examples are the "XYZ Corporation Annual Wine and Cheese Festival," the "Smallville Independence Day Picnic," and "unsupervised teen-aged parties at private homes."
- B3 **Problems and Environmental Approaches Used:** Check all the appropriate boxes to indicate the types of problems and environmental approaches used. Analysis of ATOD problem environments includes identifying the sources of ATOD problems and possible solutions. The "Three Actor Theory" helps planners determine both problems and solutions. Three sets of actors are involved with every problem environment, no matter how large or how small. The three sets are owners/managers, occupants/neighbors, and officials/other interested parties. Identify the sources of ATOD problems in the environment, and the solutions to the problems by checking the appropriate boxes in the "Approaches" section.
- B4 **Service Populations:** Check all the appropriate boxes of the populations or groups that were targeted. If a population is not listed, enter that population under the category of "Other" and specify the entry.

SECTION C. Environmental Services Provided for the Reporting Year(s)

Enter the total number of projects begun in this reporting period; the number of projects that are continuing in this reporting period; and the number of policies adopted during this reporting period. Examples for (l) Holiday Campaigns and Special Events are First Night and for (n) Facility Design to Prevent AOD Problems are Crime Prevention Through Environmental Design (CPTED).

Other references regarding the environmental approach to prevention:

The Environmental Approach to Community ATOD Prevention: An Action Manual (California Department of Alcohol and Drug Programs, Sacramento, CA, 1997, (ADP) 97-3501). This manual is available at no charge through ADP's Resource Center at 800-879-2772, 1700 K Street, Sacramento, CA 95814.

ASIPS/GIS Program Manual (Wittman, Harding and Sparks, 1997). For information contact the Community Prevention Planning Program at 510-540-4717.

Prevention Pipeline (September 1997). Contact the Community Prevention Planning Program at 510-540-4717 for information about the Three Actor Theory.